

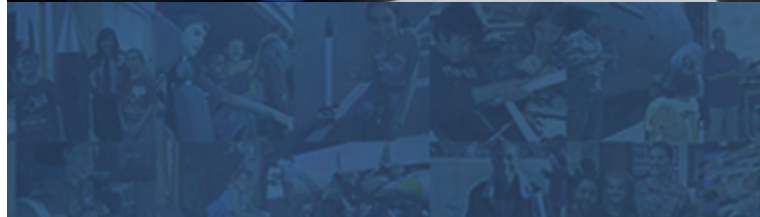
Vision and Mission Statements of DoD STARBASE

Vision Statement

To be the premier Department of Defense youth outreach program for raising the interest in learning and improving the knowledge and skills of our nation's at risk youth so that we may develop a highly educated and skilled American workforce who can meet the advanced technological requirements of the Department of Defense.

Mission Statement

To expose our nation's youth to the technological environments and positive civilian and military role models found on Active, Guard, and Reserve military bases and installations, nurture a winning network of collaborators, and build mutual loyalty within our communities, by providing 25 hours of exemplary hands-on instruction and activities that meet or exceed the National Standards.



For more information, contact:

Office of the Assistant Secretary of Defense/Reserve Affairs (OASD/M&RA)
1500 Defense Pentagon
Washington, DC 20301-1500
Phone: 703.693.8630

www.DoDSTARBASE.org



Inspiring and motivating students along the STEM pathway of the future.

GENERAL INFORMATION

- » Officially authorized as a DoD Civil Military Program by Congress in FY93 (10 USC 2193b)
- » Hosted by the National Guard, Air Force, Air Force Reserve, Army, Navy, Marine Corps, and Space Force
- » Over 120,000 students participate annually (Basic, Advanced, and Supplemental programs)
- » 90 locations including Puerto Rico and Guam
- » Indian reservation outreach programs
- » Average cost of approximately \$500,000 per program
- » Over 1,800,000 students since inception

POPULATION SERVED

- » Elementary, middle, and high school students (primarily 5th grade)
- » Historically under-represented in STEM careers
- » Inner-city and rural communities
- » Racial or ethnic minorities
- » Socio-economically disadvantaged
- » Under-served and Title 1 schools

EFFICACY

- » 20% gain in knowledge (nationwide pre and post-test comparison)
- » Student attitudes towards STEM subjects and the military shift dramatically toward the positive
- » Participating teachers gave their highest ratings for students' improved understanding of science, interest in learning about science and technology, and increases in student confidence

CURRICULUM

- » Science (Science Fundamentals, Characteristic Properties, Motion & Force, Science Explorations)
- » Technology (Applying Technology)
- » Engineering (Engineering Design Process, 3D Computer Aided Design)
- » Mathematics (Number & Number Relationships, Measurement, Geometry, Data Analysis)
- » STEM Careers (STEM Careers, Personal Investigations)



MISSION STATEMENT

To expose our nation's youth to the technological environments and positive civilian and military role models found on Active, Guard, and Reserve military bases and installations, nurture a winning network of collaborators, and build mutual loyalty within our communities, by providing 25 hours of exemplary hands-on STEAM instruction and activities that meet or exceed the national standards.

OUR GOAL

Provide an outstanding, unforgettable Science, Technology, Engineering, Art & Design, and Mathematics (STEAM) educational experience for students and teachers in a hands-on, hi-tech, discovery/inquiry based environment on a military installation.



Student & School Demographic Information

TEACHERS – PLEASE COMPLETE THIS FORM AND SUBMIT IT WITH YOUR CLASS LIST

Teacher: _____	
Teacher's Email: _____	Teacher's Cell # _____
School Name: _____	
Address: _____	City: _____ State: _____
Zip: _____	School Phone #: _____
Time of Arrival: _____	Time of Departure: _____

DoD STARBASE is required to collect demographic data on all student participants. The data is used in aggregate form **ONLY** to compile participant statistics for the DoD STARBASE annual report. Using school records, please identify the ethnicity of the total number of students in your class.

Ethnicity	Number of Students
Hispanic/Latino	
Non-Hispanic/Latino	
Total Students	

For those students identified as **NON-HISPANIC/LATINO**, provide student race data.

*Note: The total number of students in the chart below **must match** the number identified as Non-Hispanic/Latino in the chart above.*

American Indian or Alaskan Native	Asian	Black or African American	Native Hawaiian or Other Pacific Islander	White	More Than One Race	Total Number of Students: Non-Hispanic/Latino

Other	Number of Students
ESL/ELL	
Title 1 Eligible	
504/IEP	
*Military Dependents (children of Active Duty, Guard, Reserve and Retired members of the armed services.	



Academy Roster

School: _____

Teacher Name: _____

Teacher Email: _____

McEntire JNGB – 1325 South Carolina Road; Stop 39 – Eastover, SC 29044
Please provide name and call sign (13 characters or less) for each student and teacher.
Return this form **NO LATER THAN 1 WEEK PRIOR** to your first day. Roster
may be emailed to : amanda.smathers@scmd.sc.gov

	First & Last Name	Call Sign
1		
2		
3		
4		
5		
6		
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STARBASE SWAMP FOX

BUS DRIVER INFORMATION

BUS DRIVER MUST HAVE A VALID, CURRENT LICENSE/PICTURE ID TO BE ALLOWED ON BASE.

School Personnel are responsible for ensuring all bus drivers are aware of the following information and comply with these requirements while at STARBASE:

- Bus drivers must remain with the bus or inside the STARBASE building at all times. Bus drivers are not allowed to go anywhere on base unless accompanied by a STARBASE staff member.
- The bus is to remain on base parked outside the STARBASE building unless instructed to park elsewhere or unless transporting students to an on-site or off-site tour. In the event that it becomes necessary to leave to refuel, service the bus, or to get lunch, the bus driver must notify a STARBASE staff member and be back by the designated time.
- There are no dining facilities or snack machines available. Restroom facilities are available in the STARBASE building.

Please type or print clearly and return to the class teacher.

Name _____ M ____ F ____

Street Address _____

City _____ State _____ Zip _____

Home Phone () _____ Work Phone () _____

Cell Phone () _____

Bus Company _____ Bus Number _____

Bus Driver ID Number: _____ Today's Date _____

Emergency Information

Person to contact in case of an emergency _____

Emergency Telephone () _____

Insurance Carrier _____ Policy Number _____ (if available)



RELEASE OF LIABILITY

In the event of an accident illness or injury, and the persons on the first page cannot be reached, I hereby give STARBASE personnel permission to act as deemed in my best interest.

I acknowledge that I am voluntarily choosing to participate in STARBASE Swamp Fox, its affiliated activities, including permission for photography and videotaping for promotional purposes.

I also acknowledge that I have been informed of the risks involved in such activities. Furthermore, I agree to not hold the U.S. Government, United States National Guard, STARBASE Swamp Fox personnel, agents or representatives liable in any way should injury/death or disability result from my participation in STARBASE Swamp Fox. I take full responsibility for any damages that might occur to government/STARBASE Swamp Fox property, caused by myself.

Bus Driver Signature

Date

Signature is required. **Unsigned applications will not be accepted.** Return this application to the classroom teacher.



Parental Consent & Emergency Health Form

Please **print** requested information in blue or black ink on and return to your **child's classroom teacher** by (date)_____.

Child's Name: _____

Parent/Guardian Name: _____

Address: _____, SC _____
Street City Zip

Home Phone: (____) _____ Work Phone: (____) _____

School: _____ Teacher: _____

Are there any health problems we should be aware of? If so, please list them and any precautions that should be taken:

If there are specific instructions you would like us to follow in the case of illness or accident please provide this here (use back if necessary):

In the case of emergency, notify:

1. Name: _____ Contact Phone: (____) _____
Relation to child: _____

2. Name: _____ Contact Phone: (____) _____
Relation to child: _____



STUDENT PERMISSION AND RELEASE OF LIABILITY

Student's Name: _____

Release of Liability

I hereby grant my permission for the above-named student to participate in the STARBASE program and its affiliated activities, including permission for photography and videotaping for promotional purposes.

In the event of an accident illness or injury, and the listed emergency contacts cannot be reached, I hereby give STARBASE personnel permission to act as deemed in my child's best interest.

Furthermore, I agree to not hold the U.S. Government, United States National Guard, STARBASE Swamp Fox personnel, agents, or representatives liable in any way should injury/death or disability result from my child's participation in STARBASE Swamp Fox. I take full responsibility for any damages that might occur to government/STARBASE Swamp Fox property, caused by my student participant.

I understand this program is an educational experience with hands-on activities, teamwork, and building of self-confidence. I further understand that I may ask any questions prior to signing this consent form.

Parent Signature

Participating School

Date

Signature is required. **Unsigned applications will not be accepted.** Return this application to the classroom teacher.



TEACHER/CHAPERONE RELEASE OF LIABILITY

Emergency Information

Person to contact in case of an emergency _____

Emergency Telephone () _____

In the event of an accident illness or injury, and the person listed above cannot be reached, I, _____ (participant's name), hereby give STARBASE personnel permission to act as deemed in my best interest.

I acknowledge that I am voluntarily choosing to participate in STARBASE Swamp Fox, its affiliated activities, including permission for photography and videotaping for promotional purposes.

I also acknowledge that I have been informed of the risks involved in such activities. Furthermore, I agree to not hold the U.S. Government, United States National Guard, STARBASE Swamp Fox personnel, agents or representatives liable in any way should injury/death or disability result from my participation in STARBASE Swamp Fox. I take full responsibility for any damages that might occur to government/STARBASE Swamp Fox property, caused by myself.

Teacher/Chaperone Signature

Participating School

Date

Signature is required. **Unsigned applications will not be accepted.** Add this to STARBASE packet to be turned in upon arrival.



Please complete our online DoD STARBASE Survey as soon as possible once completing our program

- Visit: https://fifththeory.qualtrics.com/jfe/form/SV_8zU1NzaCda7zHP8
- Follow the instructions from there.
- You may contact MJ with any questions you may have regarding the survey.
- Email amanda.smathers@scmd.sc.gov upon completion to confirm your participation in the online survey.



DoD STARBASE On-Line Survey:

Thank You for participating in the DoD STARBASE program.

Your participation in this questionnaire will help us make improvements to better serve you and your students in the future. It also provides us with important program assessment information that is included as part of our required annual report to the Department of Defense.

Individual responses are strictly confidential. They will be tallied by a survey service outside your school district and the Department of Defense. The results are reported back to us in aggregate form only.

This questionnaire should take less than 20 minutes to complete. It is separated into the following categories:

- **Sections One and Two** - These gather information about you and your school.
- **Section Three** - Asks for your views about the current class and the students' reactions to their DoD STARBASE experience.
- **Section Four** - Asks for your views about the immediate impact of the DoD STARBASE program on you, on the students in the classroom setting, and on the general school environment.
- **Section Five** - Asks for your views on the general impact of the DoD STARBASE program on the students over time.
- **Section Six** - Asks for your views about DoD career options gained from DoD STARBASE.
- **Section Seven** - Asks for your views about other STEM resources besides DoD STARBASE in the school and community.

IMPORTANT NOTE: Please DO NOT close your browser before you finish and submit the survey, because, your responses WILL NOT be saved. If you are interrupted while taking the survey, simply minimize it in your browser and return to it to complete and submit.